From the INTERNATIONAL BUREAU

PCT	10:		
NOTIFICATION OF THE RECORDING OF A CHANGE	BOHMANN, Armin BOHMANN & LOOSEN Bohmann & Loosen Sonnenstr. 8 80331 München 7 8. Okt. 2006		
(PCT Rule 92bis.1 and	ALLEMAGNE		
Administrative Instructions, Section 422)	Frist		
Date of mailing (day/month/year) 12 October 2006 (12.10.2006)	E4.		
Applicant's or agent's file reference N 10040 PCT	IMPORTANT NOTIFICATION		
International application No. PCT/EP2005/001252	International filing date (day/month/year) 08 February 2005 (08.02.2005)		
The following indications appeared on record concerning:	.,		
the applicant the inventor	the agent	the commo	n representative
Name and Address		State of Nationality	State of Residence
SUPRAMOL PARENTERAL COLLOID GMBH		DE	DE
Industriestr. 1-3 61191 Rosbach-Rodheim		Telephone No.	
Germany			
		Facsimile No.	
		Teleprinter No.	
The International Bureau hereby notifies the applicant that the follo	wing change has been i	ecorded concerning:	
_		ecorded concerning:	the residence
		_	the residence State of Residence
☐ the person ☐ the address ☐ the address		nationality	
the person the name the addre		nationality State of Nationality DE	State of Residence
☐ the person ☑ the name ☐ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH		nationality State of Nationality	State of Residence
☐ the person ☑ the name ☐ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3		nationality	State of Residence
☐ the person ☑ the name ☐ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim		nationality State of Nationality DE	State of Residence
☐ the person ☑ the name ☐ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim		nationality	State of Residence
□ the person ☑ the name □ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim Germany		nationality State of Nationality DE Telephone No. Facsimile No.	State of Residence
☐ the person ☑ the name ☐ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim		nationality State of Nationality DE Telephone No. Facsimile No.	State of Residence
□ the person ☑ the name □ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim Germany		nationality State of Nationality DE Telephone No. Facsimile No.	State of Residence
□ the person ☑ the name □ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim Germany		nationality State of Nationality DE Telephone No. Facsimile No.	State of Residence
□ the person ☑ the name □ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriest. 1-3 61191 Rosbach-Rodheim Germany 3. Further observations, if accessary:	ss	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No.	State of Residence DE
□ the person ☑ the name □ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim Germany 3. Further observations, if necessary:	ss the	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No.	State of Residence DE
□ the person ☑ the name □ the addres Name and Address SUPRAMOL PARENTERAL COLLOIDS GMBH Industriestr. 1-3 61191 Rosbach-Rodheim Germany 3. Further observations, if necessary: 4. A copy of this notification has been sent to: ☑ the receiving Office	ss the	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No.	State of Residence DE
the person	ss the	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No.	State of Residence DE
the person	■ the ■ the □ of	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No.	State of Residence DE
the person	■ the ■ the □ of	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No. designated Offices concerner: Stender Silvie	State of Residence DE
the person	the the Authorized officer	nationality State of Nationality DE Telephone No. Facsimile No. Teleprinter No. designated Offices concerner: Stender Silvie 338 89 70	State of Residence DE